

PWSID: 104101101

Compliance Officer Signature

Corrective Action Plan

EPA Region 10

Tribal Public Water System Supervision Program

notified of a significant deficiency and must complete corrective actions or be in compliance with an approved Corrective Action Plan within 120 days of receiving notice of significant

A proposed corrective action plan must provide a written description of **how** and **on what schedule/when** the following significant deficiencies will be/were addressed. Please fill in the table below and submit documentation of correction to the significant deficiencies below to Michelle Tucker at tucker.michelle@epa.gov. Please submit photos, receipts, or other items documenting corrections that have been made (reference documentation with written statement in column B).

1 44 5117.	104101101		
System Name:	Sidwalter CWS		
Primary Source:	Groundwater		
Sanitary Survey Date:	4/24/2014		
	Tia Skerbeck		
Notice Date:			
Notice of Violation Date:	4/24/2018		
	17 = 17 = 5 = 5		
D. M.	Schedule to Address Deficiency		
Deficiency	Milestone/Corrective Action Description	Scheduled Date	Accomplishments (date completed)
Sources - #4 A sample tap must be			
provided on the well discharge			
pipe following treatment.			
Sources - #6 The well vent must be			
screened with the return bend			
facing downward and terminating			
18-inches above ground level or			
above minimum flood level,			
whichever is higher.			
Sources - #7 The conduits and			
junction boxes must be sealed to			
prevent contaminants from			
entering the well casing.			
Please list any additional attachn	nents included with this plan:		
I understand that failing to meet	an EPA approved Deficiency Corrective Action Plan may constitute	e a violation of th	e Safe Drinking Water Act.
Name (print)	address		
Phono	omail		
Phone	email		
Signature	Date		
	EPA Use Only		
approved by (print)			closed date

Date